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UNITED NATIONS CHILDREN'S FUND
Programme Committee
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FOR ACTION

MULTI-ISLAND PROGRAMME RECOMMENDATION*

The Executive Director recommends that the Executive Board approve the multi-island programme of the Eastern Caribbean (covering Antigua and Barbuda, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands) for the period 1993-1997 in the amount of $5,100,000 from general resources, subject to the availability of funds, and $5,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The multi-island programme covers nine English-speaking countries of the Eastern Caribbean, namely Antigua and Barbuda, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and the Turks and Caicos Islands. They have an aggregate land area of 3,492 square kilometres and a total population of 596,000, including an estimated 80,000 children under five years of age. Six of the countries are independent, while three - the British Virgin Islands, Montserrat and Turks and Caicos Islands - are British dependencies.

2. During the 1970s and 1980s, most of the island economies experienced positive growth rates. On average, per capita gross national product (GNP) for 1988 was 36 per cent higher than in 1980 and ranged in the independent countries from $4,048 in Antigua and Barbuda to $1,177 in Saint Vincent and the Grenadines. None the less, the economies remain open, dependent and vulnerable to changes generated from the international context. Added to this are the constraints they face owing to their small size, limited resource endowments and vulnerability to hurricanes.

3. With the passage of Hurricane Hugo in 1989, this reality was amply demonstrated, particularly in the devastation meted out to agriculture, housing, schools, hospitals, clinics and tourism infrastructure in Montserrat. Recovery from the ravages of a hurricane is a slow process, with the economic impact being particularly severe on the ability of the Government to finance additional expenditures. The net result is a cutback in public spending and further erosion of the gross domestic product.

4. Over 40 per cent of the population in the countries is under 15 years of age. The percentage of households headed by women exceeds 40 per cent and is as high as 80 per cent in poverty areas which are concentrated in pockets throughout the islands. These areas also experience very high unemployment, high rates of teenage pregnancy and sometimes high rates of malnutrition.

5. The effects of maternal and child health (MCH) programmes on the survival and quality of life of children in the Eastern Caribbean appear to have been considerable. Infant mortality rates (IMRs), which fluctuated between 75 and 175 per 1,000 live births in the 1940s and 1950s, fell to less than 20 per 1,000 (composite rate for all nine countries) in the late 1980s. The major strides in reducing IMRs have occurred in the post-neonatal period, with the period surrounding birth still being the most vulnerable for the survival of the child. In Grenada, for example, 75 per cent of infant deaths in 1988 occurred in the neonatal period; in Antigua and Barbuda the figure was 90 per cent. According to figures provided by the Antiguan Ministry of Health, an average of one third of neonatal deaths occur within hours of birth, and slightly more than half occur before the infants are two days old. Stillbirths are also a problem and actually exceed infant deaths in some cases, indicating, in the majority of cases, inadequate antenatal care. Only rare cases of maternal mortality are now recorded in the Eastern Caribbean.

6. In a recent 1988 Pan American Health Organization (PAHO)/World Health Organization (WHO) publication that reviewed progress in child survival in the Caribbean, it was observed that in almost all countries the sharp decline in infant mortality was followed by an equally sharp decline in birth rates, with a lag of about 8-10 years. In 1960, most of the nine countries had a birth rate of between 40 and 50 per 1,000 population. By 1980, those figures had dropped to under 30 births per 1,000 population, with two countries recording less than 20.

7. Moderate and severe malnutrition rates in the Eastern Caribbean have been steadily declining over the past three decades, but the problem still persists in low income areas throughout the islands. A related area of concern is low birth weight, which appears to be positively correlated with the age of the mother. During the period 1985-1988, more than one third of the low-birth-weight babies were born to teenage mothers.

8. The expanded programme on immunization (EPI) is an integral part of all MCH programmes and the level of achievement has been extremely good. By the end of 1989, the percentage of children under one year of age fully immunized in all but one of the countries exceeded the 80 per cent universal immunization target.

9. The Caribbean region as a whole has one of the highest densities of acquired immunodeficiency syndrome (AIDS) cases in the world and Governments are very concerned about the increasing incidence of AIDS and human immunodeficiency virus (HIV) infection. Analysis of transmission routes demonstrates a shift from homosexually or bisexually acquired HIV infection to mainly heterosexual transmission. Thus, the ratio of infected females has been increasing rapidly. This has led to fears of an increase in the present level of paediatric AIDS cases and an accompanying rise in infant and child mortality.

10. Primary education is mandatory in all nine countries for children between the ages of 5 and 15 years. Attendance levels are not as high as they should be, however, particularly in poor areas where children are often withdrawn from school to help in seasonal labour. Absences also occur because of a lack of school shoes, clothing or lunch money, especially among those children from economically hard-pressed, households headed by women.

11. Pre-schools in the Eastern Caribbean are mainly privately run and government regulated. On average, about 50 per cent of children in the three- to five-year age-group attend pre-school, although in some countries, such as Saint Kitts and Nevis and Saint Lucia, the figure is as low as 28 per cent. Most teachers are female and the majority of them are untrained. The main reason for non-attendance at pre-school is usually the high cost of tuition. Most of the children are cared for by female relatives or friends of the child's mother, or by the mothers themselves if they are not working outside the home.

12. The last census (1980-1981) revealed that the mean age of mothers at child-bearing varied from 25 to 28 years. Children born to mothers in their teens (i.e., 15-19 years) presently range from 19 per cent in Grenada to 25 per cent in Saint Vincent and the Grenadines. These high rates of childbirth to teenage mothers give rise to many problems at individual and societal levels. These include the fact that the mother's education usually ends with her pregnancy and she must bring up her child alone without the qualifications or training to find employment. Her low level of income, linked to the lack of parenting skills, mean that the circumstances of her child's upbringing are characterized by poverty and emotional instability. Many women in this situation are led into a series of impermanent unions with successive partners who may provide only temporary support.

13. A matter of growing concern is the number of cases of child abuse that occur across the Eastern Caribbean. Increased public awareness and reporting of cases has unmasked a more realistic picture of the problem, but its full extent still remains unclear. Meanwhile, there is limited provision for rescue facilities and treatment centres and very few staff with specialized training to maintain the necessary contact with victims and the alleged perpetrators. Practical and active approaches are being used in which workers respond to initial crises but may be unable to maintain contact on a long-term basis.

14. The nine countries enjoy a highly developed communication and information environment, with each one having its own radio and television stations as well as weekly newspapers. While international programmes dominate television schedules, radio stations and newspapers remain decidedly Caribbean in content and flavour. The audience is sophisticated and has a high literacy rate, although perceived increases in female illiteracy in some islands give cause for concern. Other important channels of communication, aside from formal education and extension workers in health, education, agriculture, etc., are church groups, local, national and regional non-governmental organizations (NGOs), intergovernmental organizations (IGOs) and "affinity" groups such as the Commonwealth. Artists and intellectuals, singers, musicians and community theatre groups have all shown enthusiasm for contributing their talents to the service of children by disseminating information, airing relevant issues and contributing to change the climate of public opinion.

PROGRAMME COOPERATION, 1988-1992

15. The performance of the current multi-island programme which commenced in 1988, is characterized by a change of programme emphasis away from the supply of goods and services on a country-by-country basis to the provision of knowledge, information and skills conducted increasingly through area or subregional approaches. The particular challenges and opportunities presented by the diverse and complex programming environment of the Caribbean demand that the problems of children and women be addressed with innovative, flexible and cost-effective ways that are articulated by an effective external relations strategy. Such a strategy also maximizes the modest financial resources available.

16. Although most of the "conventional" threats to child survival are no longer of priority concern in the subregion, with IMRs less than 20 per 1,000 live births in some countries, other "survival" threats such as AIDS require urgent and concerted attention. Moreover, the continued high incidence of teenage pregnancy, poor and indifferent parenting and young child care, increased incidence of child abuse and lack of economic opportunities for women, especially the high proportion who are the sole providers for their families, are all threats to continuing improvement in the quality of life. Faced with such a challenge, a variety of channels, networks and alliances in the subregion have been fully mobilized in an attempt to change behaviour and lifestyles, particularly among adolescents of both sexes.

17. The multi-island programme attempts to address the problems of children and women through a two-tiered, country-specific/subregional approach. The country-specific thrust addresses the particular problems of individual islands as well as those problems that are more amenable to local or community action, such as poverty alleviation. Direct inputs of supplies, equipment and finance are made to enable effective implementation where needs exist at project level. The subregional thrust is largely concerned with the promotion of "global" themes such as the Convention on the Rights of the Child, education for all, the World Summit for Children and the mobilization of networks in the area, e.g. parliamentarians, regional IGOs/NGOs, regional media houses, etc. New interventions relative to teenage pregnancy, AIDS, child abuse and the promotion of technical cooperation among developing countries between and beyond the multi-island programme countries have also been introduced as subregional activities. In all cases, the two-pronged approach is mutually supportive, with advocacy and social mobilization also featuring prominently in country-level activities.

Country-level activities

18. The multi-island programme is helping island health ministries to strengthen their services in order to improve antenatal and post-natal care. Parent education and counselling programmes are part of this effort, as is the promotion of growth monitoring and the support of nutrition education, with emphasis on breast-feeding. In addition, EPI has been assisted as part of the subregion's successful efforts in attaining universal child immunization.

19. The problem of AIDS is being addressed primarily through the subregional communications strategy. Targeting teenagers in an attempt to establish safer and more responsible sexual behaviour patterns and make them aware of the possible consequences of casual and unprotected sex has the dual objective of preventing teenage pregnancies and reducing the risk of HIV transmission and other sexually transmitted diseases. One of the innovative approaches in this respect has been the use of community theatre, posters, comic books and animated cartoons aimed at an adolescent audience with messages on AIDS, teenage pregnancies and drug abuse. Multi-island programme support to nutrition activities has been largely through the UNICEF/WHO joint nutrition support programme, implemented in collaboration with PAHO and the Caribbean Food and Nutrition Institute (CFNI) on four islands - Dominica, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Evaluations

carried out in Dominica and Saint Vincent, where the programme has now officially ended, showed that the objectives of improving primary health care (PHC) and nutrition in poor communities were largely met.

20. Programme objectives in early childhood development have focused on improving both the coverage and quality of pre-school services which are run largely by the community or private sector on all nine islands. This has involved the upgrading of untrained or partially qualified teachers through short courses and longer and more formal training for supervisory and training personnel. Assistance has also been provided for policy development and the establishment of common government-enforceable standards at privately run pre-schools.

21. The early childhood development intervention is an important element in the overall thrust towards better parenting. Better parenting is promoted through various channels and parenting workshops are a feature of almost every island's programme activities. These are usually informal evening sessions where basic child care and parenting skills are taught. Most workshops try to involve fathers as well. Radio is an important channel and assistance has also been provided for the development of parenting video-tapes by the Jamaican-based Caribbean Child Development Centre for use in the nine countries and throughout the Caribbean.

22. The multi-island programme has continued to support country-level women in development activities aimed primarily at skills training for income-generation among teenage mothers, most of whom dropped out of school when they became pregnant. An evaluation of income-generation projects in Saint Vincent and the Grenadines revealed that even where they were unsuccessful in terms of generating income, they provided poor women with skills and fulfilled a need for self-confidence and self-esteem. At the subregional level, a woman in development officer has been active in highlighting the main concerns of women at regional forums, and in providing technical advice and assistance to Governments and NGOs alike in developing action plans for raising the social and economic status of women.

Subregional-level activities

23. A complex strategy of advocacy and social mobilization operates at the subregional level. One of the main features of the strategy has been the completion of situation analyses on the status of children and women in all multi-island programme countries in order to obtain data not only for planning, but also for advocacy, fund-raising and the identification of further areas requiring research. The studies have also been a source of baseline information for the Summit goals and have guided countries to adapt the goals to their individual situations.

24. In the area of media relations, a system that ensures a regular two-way flow of information through electronic and print media has been developed under an agreement signed by the Caribbean News Agency (CANA), the Caribbean Broadcasting Union (CBU) and UNICEF. The agreement includes regular in-depth radio and television features, public service announcements and wire service

coverage of important issues and special events. Programme partners are the resource persons for these programmes, and there is strong emphasis on getting audience feedback and participation. Alliances with performing artists are also important and include support to the Sistren Theatre Collective whose performances and workshops deal with such social problems as teenage pregnancy, domestic violence and AIDS. The quarterly newsletter "Children in Focus", which contains reports, features and interviews on issues related to the welfare of children and women, has been an ideal medium for advocacy on such topics as the World Summit for Children, the Convention on the Rights of the Child and education for all. It has a mailing list of 3,000, including politicians, church leaders, development workers and health and education professionals both within and outside the region. It also serves as a major instrument for technical cooperation among developing countries.

25. In the field of art and film animation, a four-minute animated cartoon film on the Facts for Life message of safe motherhood has been produced and a "Safe Motherhood" instruction booklet using stills from the film has been prepared. A pocket comic book and short cartoon video on "Making Measles History" has also been prepared for teenagers. In addition, a film animation workshop supported by Walt Disney Animation was organized in Jamaica to train local artists. Further advances in this area offer vast potential for the empowerment of people with limited interest in reading.

26. Alliances have also been formed with a vast range of partners ranging from Commonwealth parliamentarians and religious bodies to community organizations and individuals such as artists and intellectuals. Each of the nine multi-island programme countries also has a full set of national institutions including parliaments, government ministries, NGOs, regional and international partners, service organizations, churches, philanthropists, suppliers, media, artists, parents, adolescents and children, all of whom form a constituency for alliances, present and potential. Cooperation with United Nations agencies is an essential part of the subregional strategy and has especially involved working closely with the United Nations Development Programme (UNDP), PAHO, the World Food Programme (WFP), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Population Fund (UNFPA).

Lessons learned

27. Prior to the annual programme review meeting in October 1990, participants were asked to consult with colleagues involved in the implementation of the multi-island programme at the country level in order to determine the lessons learned from past and current performance, as well as the ingredients for a successful 1993-1997 programme. This exercise revealed that UNICEF partners endorsed the concentration of assistance in underserved areas and that beneficiaries should participate in identifying their own needs. Early planning was also considered important and the involvement of all implementing agencies in this process was seen as a necessary element. It was felt that objectives for the new programme should be set realistically, taking into account human and financial resource constraints, and that adequate provision should be made for monitoring and evaluation in order to

measure progress. The need for more feasibility and viability studies was also an important lesson to be learned and applied in the future. On the operational side, it was felt that flexibility to make changes during the course of programme implementation was important, as was close interministerial coordination and cooperation.

Programme preparation process

28. Preparation for the new programme commenced with a mid-term review meeting in October 1990 which involved government personnel from each of the nine countries. Individual country situation analyses were then carried out and this was followed by a strategy meeting in April 1991 that was attended by high-level UNICEF staff as well as Caribbean child welfare professionals who proposed refinements to certain areas of the proposed strategy. Colleagues from major United Nations and bilateral agencies and partners from media organizations also participated. This exercise was followed by a series of meetings in each country where the findings of the situation analyses and the proposed programme objectives and strategy were further discussed and refined with input from relevant government and non-governmental staff.

29. In November 1991, a Caribbean Summit for Children was held in Barbados. At this Summit, children delegates from all over the Caribbean voiced their views on the Caribbean Summit and World Summit for Children goals. Those views were subsequently presented to their respective heads of State.

30. In the course of the above-mentioned process, World Summit for Children goals were adapted to individual country situations and the role of the multi-island programme in supporting achievement of the goals was clearly defined. The adaptation of World Summit for Children goals also constituted an important step in the formulation of individual national programmes of action.

RECOMMENDED PROGRAMME COOPERATION, 1993-1997

Recommended general resources: $5,100,000
Supplementary funding: $5,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	1 125	1 000	2 125
Basic education	900	1 000	1 900
Women in development	275	1 000	1 275
Children in especially difficult circumstances	150	1 000	1 150
Social mobilization	1 050	1 000	2 050
Monitoring and evaluation	550	-	550
Programme support	1 050		1 050
Total	5 100	5 000	10 100

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

31. The main thrust of the new programme will be aimed at improving the quality of life of children and women in the Eastern Caribbean. While attention will still be paid to sustaining the area's advances in child survival, the primary emphasis will be on child care, development and protection. Underlying this thrust is the belief that the key to improved child well-being is better parenting. Better parenting means better physical, emotional and intellectual development for the child; better health care, education and life skills; and protection from physical, sexual and emotional abuse. Better parenting leads to more stable adolescents, fewer teenage pregnancies and less drug abuse. It is basic to the achievement of all of the objectives of the programme and is the one strategy that underpins every other strategy in the programme. Better parenting requires that the principle of a "first call" for children be recognized at both individual and societal levels. While the World Summit for Children goals establish the broad agenda,

it is the strategy of better parenting - itself the operationalization of the Convention on the Rights of the Child - requiring key and coordinated intervention through health, education, law and information, that is expected to lead to the realization of the programme objectives.

32. Each of the nine countries has a separate set of objectives related to each individual country situation and they also share a number of common objectives. The more important ones include: (a) the reduction of IMRs, the reduction of maternal mortality, the elimination of measles from the Caribbean by 1995 and the control and prevention of AIDS; (b) expansion of early childhood education activities among children under five years of age, including the introduction of innovative media support in homes and early childhood education facilities, and the reduction in adult illiteracy, especially among women; (c) reduction of teenage pregnancies and increased access to credit and skills training by poor women in order to broaden their economic opportunities; and (d) enactment of legislation to prevent children from being victims of physical and emotional violence, neglect, sexual abuse and drug and alcohol addiction.

33. Political, cultural and social institutions and individuals, including the mass media, churches, labour and professional organizations, artists and intellectuals, will be mobilized to allocate more workers, time and energy to help create new knowledge, attitudes and behaviours among individual parents and parents-to-be in support of better parenting. A further prime objective will be the mobilization of all sources of potential support - national and international, political, social, financial, cultural, legal and mass media - for the achievement of goals set out in the World Summit for Children national programmes of action.

34. The two-tiered programming approach outlined in paragraph 17 above will continue to be implemented. On the one hand, country-specific projects are formulated to address particular situations. Inputs of supplies, equipment and finance are made to ease implementation constraints of such projects as EPI, nutrition, income-generation for women, the training of pre-school teachers and other activities. Meanwhile, at the subregional level, activities designed to impact upon common problems and to promote innovative child development activities are put in place. Subregional activities concern primarily advocacy, communications, information and technical cooperation among developing countries. Thus, common problems such as AIDS and child abuse, advocacy on better parenting and on global themes such as the World Summit for Children, the Convention on the Rights of the Child and education for all, are approached from a subregional perspective.

35. Within the two-tiered framework, a mix of strategies will be applied cross-sectorally and in individual programme areas, with the general underlying theme of "better parenting". Chief among those will be the promotion of self-reliance and technical cooperation among developing countries. Concentrating resources on poor and underserved areas in an attempt to reduce disparities and the mobilization of communities to enable them to participate in their own development will also be important. Participation is a key element in all aspects of the programme since it

increases sustainability and is a basic ingredient in better parenting. Empowering both women and men for development through various channels is also part of the participatory approach. In order to achieve the multi-island programme objectives, the following programmes and activities will be supported within the framework of the programme strategy.

Health and nutrition

36. An analysis of data on infant mortality reveals that the period surrounding birth is the most vulnerable for the survival of the newborn child, with up to 90 per cent of infant deaths occurring in the neonatal period. According to the Antigua Health Ministry, slightly more than half of the number of neonatal deaths occur before infants are two days old. Stillbirths are also a problem and actually exceed infant deaths in some countries. It is clear that improvements need to be made in perinatal care and services if progress in IMR and low-birth-weight reduction is to be sustained. Support will therefore be provided to train health staff involved in the delivery of care in the antenatal, intrapartum and post-natal periods. Other areas of support will be in the provision of appropriate supplies and equipment, the conduct of small operational research projects as well as education and information programmes for women on the importance of antenatal and post-natal care as well as the avoidance of high-risk pregnancies.

37. Building on the high immunization coverage rates already achieved in the subregion, the Caribbean has set a goal for measles elimination by 1995 (PAHO, 1989), in addition to achieving and sustaining 100 per cent coverage for other antigens. Support will be provided primarily for EPI social mobilization activities, including materials development and dissemination, media productions and the training of personnel. The provision of vaccination supplies and cold-chain equipment for health centres will also be included.

38. Although most multi-island programme countries do not experience severe malnutrition problems, growth monitoring and nutrition education and surveillance continue to be essential elements in maintaining and improving the nutrition situation. The service training of nursing and nutrition staff will form an integral part of programme activities in addition to the proper collection, interpretation and retrieval of nutrition information.

39. Emphasis will be placed on the promotion of breast-feeding, which presently shows a sharp decline in the first three months, after a high initiation rate. "Baby-friendly" hospitals will be encouraged and attention will be given to monitoring compliance with the International Code of Marketing of Breast Milk Substitutes. Advocacy will be intensified with Governments and employers to provide longer maternity leave and facilitate day-care centres at the work place to enable mothers to breast-feed their children at frequent intervals. Iron deficiency anaemia is a fairly widespread problem that will also be addressed.

40. AIDS is a growing area of concern in the Caribbean and is perceived as a major threat to the advances made in reducing infant and child mortality in the subregion. The ratio of infected females has been increasing rapidly and

with it the attendant danger of perinatal transmission of the virus. In this situation, a broad range of measures will continue to be supported in an attempt to control the spread of the disease. Emphasis will be placed on public education and the dissemination of information aimed especially at teenagers, with a view to increasing a sense of personal risk of contracting the disease. Methods will include the mobilization of popular entertainers in rap, dub, reggae and calypso, as well as other performers who can positively influence the sexual behaviour of adolescents. Extensive use will be made of the mass media to reach the general public and an AIDS newsletter targeted at teenage schoolchildren will be published. Other measures will include the training of health workers, youth leaders, respected community members and others who come in contact with and can influence safe sexual behaviour among adolescents. Promoting the integration of AIDS prevention and control into the PHC structure, including community-based care for AIDS patients, will also be important. In addition, support will be provided for research on the knowledge, attitudes and sexual practices that have a bearing on AIDS transmission.

41. The lack of safe means of excreta disposal and the disposal of refuse is a problem in a large number of lower-income areas throughout the Caribbean. In such areas, support will be provided for the installation of low-cost pit latrines, with the active involvement of the community and beneficiary families. Appropriate low-cost sanitation schemes such as community refuse collection in suburban and rural areas, as well as the value of personal hygiene and the benefits of a clean home and surroundings, will be promoted.

Education

42. In multi-island programme countries, less than 60 per cent of children under five years of age are covered by the early childhood development activities. Pre-schools accept children three to five years of age and formal facilities for the care of children under the age of three years are almost non-existent. Therefore, improving the quality of early childhood development will require focusing not only on pre-schools, but also on those taking care of younger children in the family or in the homes of friends.

43. Early childhood development activities will be assisted through the promotion of better parenting in the community, through the media and through programmes in association with NGOs, local organizations and religious bodies. Support for the development of children's television programmes (along the model of "Sesame Street") will be provided for use in pre-schools, day-care centres, community child-care facilities and children's homes. In-country training workshops and seminars for pre-school teachers as well as more advanced level training for supervisory level staff will be part of the effort to improve the quality of pre-school services. In addition, the local development and production of appropriate resource materials, together with the application of minimum standards in service provision, will be supported. In addition to early childhood activities, literacy programmes aimed primarily at illiterate women, will also be supported as part of the subregion's commitment to the goals of education for all.

Women in development

44. Approximately 40 per cent of households in the Caribbean are headed by women, the majority of them single, unskilled and with families to support. The promotion of skills training and income-generating activities for those women will be an important aspect of the programme, as will arrangements for access to credit facilities to finance start-up operations and other essential costs. Support will also be provided for the legal protection of women through reviews and updating of laws pertaining to such issues as domestic violence, rape and child support. An associated activity will be the dissemination of information to women regarding the laws that are in place for their protection. Education programmes and other measures aimed at reducing the existing high rates of teenage pregnancy will also be supported. Counselling programmes will be carried out in schools and youth clubs on the negative aspects of teenage pregnancy and all media channels will be used to sensitize the general public, particularly teenage boys and girls, about the negative societal consequences of teenage pregnancies. Such counselling, education and information activities will be integrated with the communications strategies on AIDS education described above. Other aspects of the programme will include remedial education for teenage mothers who had to drop out of school as well as skills training to help them become self-sufficient. In addition, education for better parenting, including young child care and nutrition, will focus on teenage mothers.

Children in especially difficult circumstances

45. The dramatic rise in reported cases of child abuse throughout the Caribbean has called for a programme of action that entails the empowerment of welfare institutions, parents and community groups in legal, educational and therapeutic fields. In this context support will be provided for research into the causes of child abuse in order to design programmes to more effectively address the problem. Reviews and updating of laws pertaining to the protection of children will also be undertaken and their provisions made known to parents and communities. Support will be provided for the development of appropriate educational materials for use in the mass media as well as in workshops and seminars for service providers such as teachers, health personnel and social workers. The cross-sectoral range of activities aimed at better parenting is also expected to impact positively on the problem of child abuse in terms of raising awareness among parents and communities to increase protection of the most vulnerable children in society.

Social mobilization

46. With a well-developed communications network and a large number of well-established national and regional institutions - governmental, intergovernmental and non-governmental - the Caribbean presents many opportunities for effective social mobilization in support of the goals of the multi-island programme, the World Summit for Children and national programmes of action. Major social mobilization activities will include the strengthening of advocacy and information, particularly through the Caribbean Multi-Media Support Programme which transmits in-depth radio and television

features, public service announcements and wire service reports through CANA and CBU. The programme will be extended to include the other two major media organizations, the Caribbean Mass Media Workers Organization and the Caribbean Publishers and Broadcasting Association.

47. The quarterly newsletter "Children in Focus", which contains reports, features and interviews on issues related to children and women, will continue to be published and distributed to politicians, church leaders, NGOs, development workers, and health and education professionals throughout the region on such topics as follow-up to the Caribbean Summit, national programmes of action and implementing the Convention on the Rights of the Child. In addition to its role in advocacy and information dissemination, the newsletter will also continue to be a major instrument for the promotion of technical cooperation among the multi-island programme countries and the countries of the broader Caribbean. Activities such as exchange visits, sharing of expertise and experiences, and networking on issues of common concern will be vigorously promoted as part of a policy of self-reliance in the multi-island programme countries. These activities will be facilitated by regional meetings, seminars, workshop exchanges and the use of regional media.

48. Support will also continue to be provided for the promotion of development-oriented comic books containing messages for young people on the dangers of illegal drugs, early pregnancies, sexually transmitted diseases and AIDS. Messages will also attempt to foster a responsible attitude towards future parenting. Similarly, further development of an animated cartoon film will aim at influencing the public, including people with limited reading interest, in altering behaviours and attitudes where these may be detrimental to the health, safety and the general well-being of the individual and society as a whole.

49. Alliances with performing artists will include continued support to the Sistren Theatre Collective whose performances draw attention to such social problems as teenage pregnancy, domestic violence and AIDS. Other allies will continue to include rap groups, calypsonians and poets who use their popularity to raise awareness of social problems and convey appropriate advice and messages in an informal and interactive setting. In addition to media organizations, alliances will also be strengthened with partners ranging from parliamentarians and religious bodies to community organizations and artists and intellectuals. The large number of non-governmental, intergovernmental, bilateral and regional bodies operating in the Caribbean with which UNICEF cooperates include the Caribbean Community, the Economic Commission for Latin America and the Caribbean, the Caribbean Conference of Churches. Close collaboration with other United Nations agencies such as UNDP, PAHO, WFP and UNESCO will also be an important part of the social mobilization strategy. Each of the nine multi-island programme countries also has a full set of national institutions with whom UNICEF cooperates at the country level.

Monitoring, evaluation and research

50. Monitoring the progress of programme implementation for management purposes will take place in a variety of ways. In-country reviews will be held during field visits by UNICEF staff. A programme review meeting, bringing together project implementors from each of the nine islands, resource persons and UNICEF staff, will continue to be organized on an annual basis. Systematic and frequent follow-up on project performance and output will also be strengthened. Monitoring progress towards the objectives of both multi-island programme and national programmes of action for children will be facilitated by developing strategic alliances with monitoring bodies, e.g., the Caribbean Epidemiological Centre for immunization coverage and statistics on AIDS incidence, ministries of health for annual mortality and morbidity figures, etc.

51. An evaluation of the better parenting component of the social mobilization programme will be undertaken midway through the programme cycle. Evaluations of the children in especially difficult circumstances and women in development programmes will also be carried out in 1995.

52. The situation analyses conducted in each of the nine multi-island programme countries have identified problem areas that require additional research in order to gain a deeper insight into their causes and identify possible means of addressing them. UNICEF will cooperate with institutions and individuals undertaking important research work and, where necessary, either directly sponsor or mobilize funds for key research studies. Emphasis will be placed on participatory research models, with community involvement wherever possible. The availability of data from the census carried out in each multi-island programme country in 1991 will facilitate a considerable amount of the research work. Among the areas that require further study are: real incidence of maternal mortality; magnitude of child abuse and underlying causal factors; the extent of HIV in the population; patterns of parenting behaviours; the extent of adult illiteracy; and the extent to which media messages on child survival, development and protection are reaching target audiences. Any activities that arise as a result of research carried out will, of necessity, take into account existing interventions and build upon them. Support will also be provided for the dissemination of findings to all relevant and interested parties.

Programme support

53. Programme funds are budgeted to ensure adequate technical and administrative support for programme planning, implementation, administration, advocacy and monitoring and evaluation. This will be achieved through the deployment of project staff in certain sectoral areas and the use of technical consultants on a temporary basis for specific thematic issues. Since the Caribbean Area Office is based in Barbados, this budget also includes travel costs involved in monitoring activities in nine islands.

Inter-agency cooperation

54. Cooperation with United Nations agencies referred to in paragraph 26 above will continue to be an essential part of the multi-island programme strategy. To this end, coordination will be strengthened with PAHO/WHO and UNFPA in areas related to health and nutrition. Collaboration with UNESCO and other United Nations partners will also be an important element of the better parenting social mobilization strategy.

TABLE 1. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1992 a/

(In thousands of United States dollars)

COUNTRY: EASTERN CARIBBEAN
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $3,439,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	190	39	8	5	49		195	10	442	54	496
Water supply and sanitation	21	1	11				7		39	1	40
Nutrition	19	39	14	1			55	11	88	51	139
Education	192	2	176	3	11		162	40	541	45	586
Community organization and development	12		59	37		72	26	34	97	143	240
Women-centred programme	10	1	39	31		44	8	13	57	91	148
Advocacy	14	1	3				481		498	1	499
Emergency	24								24		24
Planning and project support	13	2	22		574		219	5	828	7	835
Freight	15	3							15	3	18
GRAND TOTAL	510	88	332	77	634	118	1153	113	2629	396	3025

GR = General resources.
FSF = Funded supplementary funding.
a/ Current programme cycle covers the period 1988-1992, but actual expenditure figures are only available through 1991.

TABLE 2. PLANNED EXPENDITURE, 1993-1997

(In thousands of United States dollars)

Country: EASTERN CARIBBEAN Period covered: 1993-1997	Funding status	1993	1994	1995	1996	1997	Total
Health and nutrition	GR	225	225	225	225	225	1125
	NSF	200	200	200	200	200	1000
Education	GR	180	180	180	180	180	900
	NSF	200	200	200	200	200	1000
Women-centred programme	GR	95	45	45	45	45	275
	NSF	200	200	200	200	200	1000
Children in especially difficult circumstances	GR	70	20	20	20	20	150
	NSF	200	200	200	200	200	1000
Social mobilization and advocacy	GR	210	210	210	210	210	1050
	NSF	200	200	200	200	200	1000
Planning and social statistics	GR	110	110	110	110	110	550
Programme support	GR	210	210	210	210	210	1050
TOTAL	GR	1100	1000	1000	1000	1000	5100
	NSF	1000	1000	1000	1000	1000	5000
GRAND TOTAL		2100	2000	2000	2000	2000	10100

GR = General resources.
NSF = New supplementary funding.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: EASTERN CARIBBEAN	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET: a/		
International Professional established posts	2	478
Local national Professional and General Service established posts	7	523
Operating costs		858
Total	9	1859
FINANCED FROM PROGRAMME FUNDS: b/		
International Professional project posts		
General resources	4	787
Supplementary funds		
Local national Professional and General Service project posts		
General resources	8	647
Supplementary funds	2	228
Total	14	1662

a/ The Eastern Carribean administrative budget does not include budget for the Guyana office.

b/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

El Salvador

The Executive Director recommends that the Executive Board approve the country programme of El Salvador for the period 1992-1996 in the amount of $5,000,000 from general resources, subject to the availability of funds, and $1,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. A review of the status of women and children in El Salvador must take into account the civil conflict that has raged since 1979, producing at least 70,000 deaths, 500,000 displaced persons and approximately 1 million refugees. The economic impact of the war has also taken its toll. According to an August 1989 World Bank report, in 1988 and 1989, the armed conflict alone accounted for more than 37 per cent of the national budget. During the same period, social programme investments decreased from 44 to 24 per cent of the budget. According to a working paper by the Salvadorian Foundation for Economic and Social Development, this has resulted in a deterioration of basic services infrastructure, including health and education.

2. The cost of the war, the drop in the international price of coffee, increased foreign debt and the declining Central American market for foreign goods have devastated El Salvador socio-economically. With 5.2 million people squeezed into 21,000 square kilometres, El Salvador is the most densely populated country in the Americas region. An estimated 65 per cent of the total population lives in poverty, with 35 per cent in extreme poverty. Currently, 47 per cent of the population is under 16 years of age and more than 40 per cent of households are headed by women owing to internal displacement, male migration, military recruitment and exile. The International Commission for the Recuperation and Development of Central America estimated that by 1989, an estimated 575,000 Salvadorians were living in the United States.

3. El Salvador's infant mortality rate (IMR) is still high despite improvements in the past decade. IMR is markedly higher in rural areas, and in inverse ratio to the mothers' education and literacy levels. About 70 per cent of deaths of children under five years of age occur during the first year of life, with 50 per cent in the first month. Leading causes of under-five mortality are acute respiratory infections (ARI) and diarrhoeal diseases, with immuno-preventible diseases still a significant factor. The fact that fewer than 1 per cent of infants under four months old are exclusively breast-fed greatly augments IMR. High maternal and neonatal mortality rates reflect limited access to prenatal care, anaemia, lack of personnel and adequate health coverage to address pregnancy and childbirth problems, excessive female workload and low birth weight (only 30 per cent of births occur in government health establishments).

4. An estimated 50 per cent of the economically active population is functionally illiterate, and 30 per cent is totally illiterate. Low coverage of basic educational services, curricula deemed as irrelevant and poor teaching methods are seen as major factors contributing to the low level of primary education attainment, particularly in rural areas. Only 14 per cent of pre-school-aged children are covered by formal pre-school education services, and most of these are in private schools.

5. In contrast to urban areas, where 84 per cent of the population has access to safe water, in rural areas only 19 per cent of the population has access to clean water. Compounding this problem is the depletion of water resources owing to indiscriminate deforestation. An estimated 82 per cent of the urban population has access to adequate sanitation facilities, compared with only 43 per cent of the rural population.

6. The civil war and economic crisis have dramatically increased the number of children living in especially difficult circumstances. This is evident from the hundreds of thousands of children who have been displaced, become refugees, been wounded, been abandoned, are institutionalized or are living as street children.

PROGRAMME COOPERATION, 1988-1991

7. The overall objective of this period of cooperation was to reduce infant mortality and improve the health, development and well-being of children and women. Major lines of intervention focused on the provision of basic services in selected poverty and conflict areas, and on child-related advocacy and mobilization. To this end, 78 out of a total of 262 poor municipalities identified by the ministries of health and education were prioritized in the UNICEF programme of cooperation. Subregional initiatives in the areas of child health, water supply and sanitation and children in especially difficult circumstances further strengthened and complemented the country programme interventions.

Child survival and primary health care

8. UNICEF-supported health interventions in El Salvador were implemented as part of the subregional child survival programme funded by the European Economic Community (EEC) and the Government of Italy. Through this programme, support was provided for strengthening health infrastructure and improving maternal and child health (MCH) care services such as immunization, the control of diarrhoeal diseases (CDD) and use of oral rehydration salts (ORS), the control of ARI, the promotion of breast-feeding, health education and growth monitoring and development. Activities included training of health personnel and traditional birth attendants, provision of basic supplies and equipment, strengthening of local capacity for health planning and programming skills, promotion of increased community participation and monitoring and evaluation through sentinel sites.

9. A major achievement during this period was a 76 per cent immunization coverage - the near-attainment of the universal child immunization goal. Temporary cease-fires or "days of tranquility" observed by both sides of the civil conflict permitted the national vaccination campaign to extend coverage of the expanded programme on immunization (EPI) to all areas of the country and to enhance regular immunization programmes. This major social mobilization effort could not have been accomplished without the involvement of the Catholic Church and others who were instrumental in organizing the 17 "days of

tranquility". Additional accomplishments included the wide-scale distribution of vitamin A, breast-feeding promotion, work with non-governmental organizations (NGOs) and ministerial committees to review and modify curricula, and cooperation with the San Salvador Metropolitan Health Region to assist areas most affected by the 1986 earthquake.

Basic education

10. UNICEF supported interventions aimed at increasing access of displaced families and the poorest sectors in urban and rural areas to basic education services. Projects such as literacy by radio, "active school" (escuela activa) and the integral child care project (proyecto de atención integral al niño), all of which use innovative approaches, received UNICEF assistance.

11. The escuela activa multi-grade school incorporates flexible curricula, schedules and calendars to meet the needs of children, particularly in rural areas during harvest time. UNICEF provided support for teacher training, curriculum reform and teaching materials. UNICEF assistance for the literacy by radio project, initiated by the Catholic Church in 1986, and the integral child care project resulted in an expansion of coverage of these services and included training of promoters, printing of training and teaching materials, technical assistance and provision of basic educational supplies and equipment. Through these projects access to pre-school, primary and adult literacy has been provided to over 500,000 beneficiaries.

12. Evaluation of these projects has shown their effectiveness in reaching neglected groups. Using the experience and methodologies generated from these projects, programmes in early childhood education and primary education were developed and incorporated in the 1991-1994 National Education Plan of the Government of El Salvador for implementation nationwide with funding from the World Bank and the United States Agency for International Development (USAID).

Water supply and environmental sanitation

13. UNICEF-supported interventions aimed at promoting increased community participation and showing the feasibility of adopting alternative low-cost technologies for increased access to clean water supply and excreta disposal services. To this end, UNICEF support was provided for demonstration projects introducing dry compost latrines and local hand-pump production by beneficiary families. In 1990 alone, over 20,000 people benefited from the construction of 4,000 family latrines and the installation of 25 gravity-fed water systems. In addition, over 1,500 polyvinyl chloride hand-pumps for shallow wells were supplied. Owing to the success of these projects, the Government of El Salvador, the Inter-American Development Bank and the Salvadorian Social Investment Fund have committed funds to expand these interventions further.

Displaced families

14. UNICEF placed priority on the provision of clothing, shelter, education, health care, water supply and sanitation and on income-generating activities. Support was also provided to enhance the operational capacity of NGOs working with persons internally displaced by the war.

Advocacy and policy development

15. UNICEF advocated strongly for the adoption of social policies aimed at alleviating the economic and social impact of economic adjustment policies on the most vulnerable groups. Policy and planning support were also provided for implementing a decentralization programme in the social sector with the Salvadorian Institute for Municipal Development. The decentralization process yielded alliances between municipalities and other United Nations agencies, USAID, the German Agency for Technical Cooperation and several NGOs, which will be strengthened in the next period of cooperation. In 1991, UNICEF, in close coordination with the United Nations Development Programme (UNDP), also provided technical assistance for the preparation of the National Programme of Action signed at Tegucigalpa in December 1991.

16. The National Programme of Action, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women (both ratified by the Government of El Salvador) will provide a solid legal and policy framework for further advocacy and policy development activities on behalf of children and women during the new period of cooperation.

Communication and social mobilization

17. Communication and social mobilization activities focused on: (a) increasing public awareness of the needs of children; (b) mobilizing various sectors of society (governmental and non-governmental) around child-related issues; and (c) supporting specific sectoral programme interventions. Achievements included the creation of a parliamentary commission for children, women and the family; increasing media coverage of the situation of children and women in El Salvador; ratification of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and private sector participation in the distribution of ORS to remote areas of the country. In addition, a transnational company assisted in the design and implementation of a social indicators database.

Monitoring and evaluation

18. Sentinel site methodology was introduced to monitor child health indicators in programme intervention areas, which also helped to identify areas where additional efforts are still required. In addition, support was provided to the Ministry of Planning for the development and implementation of a social indicators system. This system will be further developed during the

new period of cooperation in order to monitor projects from municipal to central levels and to provide policy makers with reliable information for planning and evaluating programmes. Information generated by the system will also help monitor progress towards the achievement of National Programme of Action goals.

Lessons learned

19. Implementation of several components of the child survival programme revealed difficulties in coordination and communication which hampered the field operations of health workers. These problems will need to be addressed in the new programme of cooperation, and more attention will need to be placed on strengthening local level logistical, administrative and supervisory capacities. In addition, greater emphasis will need to be placed on improved coordination and mobilization of community, government and NGO resources for achieving health goals. In this regard, the positive experience of the National Immunization Committee, comprising several government and non-governmental partners, could serve as an example for intersectoral coordination and mobilization of resources.

20. To ensure programme sustainability over the long term, the Government must be encouraged to increase progressively its percentage of cost-sharing of programmes. In addition, cost-recovery factors will need to be considered in decentralization plans in order to ensure longer-term sustainability possibilities.

21. In summary, greater emphasis will need to be placed on: municipal government capacity-building; increased community participation and mobilization of resources in basic services programmes; and improved inter-agency cooperation.

22. The main thrust of the country programme for the period 1992-1996 is framed within the subregional initiatives for: (a) integrated primary health care (PHC); (b) education for development; (c) children in especially difficult circumstances; and (d) water supply, sanitation and environmental education. In addition, complementary interventions have been developed to respond to country-specific problems and needs and to support the implementation of the El Salvador National Programme of Action.

23. The structure of the proposed programme of cooperation, which has been developed within the framework of the Government's Economic and Social Development Plan (1989-1994), anticipates new opportunities that may arise as a result of the peace process. Major lines of intervention identified in this programme will still pertain, although it might be necessary to mobilize additional resources once a permanent cease-fire is in place and the national reconstruction plan in effect.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $5,000,000
Supplementary funding: $1,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Support to national policies	225	-	225
Health	1 500	-	1 500
Nutrition	750	-	750
Basic education	750	-	750
Children in especially difficult circumstances	400	-	400
Basic services in priority areas	250	1 000	1 250
Social mobilization and advocacy	375	-	375
Programme support	750	-	750
Total	5 000	1 000	6 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

24. The goal of the country programme will be to accelerate reductions in infant, child and maternal mortality and morbidity through cooperation in national programmes, and through intensive cooperation in selected geographical areas, with a focus on reaching the most disadvantaged families.

25. The country programme also aims to protect and improve the development and well-being of children and their environment. Special emphasis will be placed on promoting implementation of the Convention on the Rights of the Child, strengthening national policies addressing the survival and welfare of children and women, and building national and local-level capacity for implementing programmes aimed at meeting the goals outlined in the National Programme of Action.

26. The proposed overall strategy is based on the development and strengthening of sector efficiency; close intersectoral and inter-agency coordination through the Joint Consultative Group on Policy; strong advocacy and social mobilization efforts promoting increased awareness of the special needs of children; support for decentralization efforts; and technical assistance for compensatory programmes to protect the needs of children and women during structural adjustment.

Support to national policies

27. This programme is national in scope and aims: (a) to promote and strengthen social policies addressing vulnerable groups and, in particular, those intended to improve the situation of children and women; and (b) to mobilize additional resources for interventions aimed at eradicating extreme poverty and addressing the needs of the most vulnerable groups. The programme will be implemented in collaboration with the National Family Secretariat, the Salvadorian Children's Council, Parliament, the Social Investment Fund, the Institute for Municipal Development, the Ministries of Health, Education and Planning, and selected NGOs. Technical assistance, advocacy, training and monitoring activities will be supported by UNICEF.

Health

28. UNICEF-supported MCH interventions aim to reduce infant and child mortality and morbidity rates by focusing on: (a) prenatal care; (b) childbirth and newborn care; (c) childhood growth and development monitoring; (d) CDD and ARI; and (e) sustaining and expanding immunization coverage. In addition, support will be provided to strengthen health information systems and monitoring and evaluation activities. The programme will be implemented in 78 high-risk municipalities prior to its expansion throughout the country. Immunization and CDD interventions will have national coverage from the outset.

29. Special consideration will be given to strengthening the planning, implementation, monitoring and evaluation processes of regional and local health systems; mobilizing available resources for financial investments in preventive, primary-level services; community participation; multisectoral and inter-institutional coordination, particularly with the interministerial and intersectoral child survival committees, including NGOs and private sector organizations; communication and social mobilization activities to increase demand for health services and, in particular, MCH services; inter-agency cooperation and coordination of activities with the Pan American Health Organization/World Health Organization (PAHO/WHO), the Institute of Nutrition of Central America and Panama (INCAP), the World Food Programme (WFP), and the United Nations Population Fund (UNFPA), as well as bilateral cooperation agencies.

30. In line with the National Programme of Action, specific mid-term objectives for 1994 include: reducing under-five child mortality and maternal mortality rates by 10 and 15 per cent, respectively; decreasing the number of low-birth-weight babies to 10 per cent; achieving and maintaining 85 per cent immunization coverage against the six major immuno-preventable diseases among children under one year of age; eradicating poliomyelitis and neonatal tetanus; increasing the coverage of childbirth cases assisted by trained staff to 50 per cent; increasing the coverage of oral rehydration therapy to 70 per cent and reducing child mortality caused by diarrhoea by 10 per cent; and reducing acute respiratory disease cases by 5 per cent.

Nutrition

31. This programme, which will be implemented in 78 prioritized municipalities, aims to reduce moderate and severe protein energy malnutrition in children under five years of age by 25 per cent; eliminate progressively iodine and vitamin A deficiency disorders; and promote exclusive breast-feeding during the first four to six months of life among 90 per cent of all newborns.

32. These objectives will be pursued through two major programmatic thrusts: household food security and applied nutrition. Programme strategies and actions will include: support to government and non-governmental institutions for the development of food security policies and indicators for monitoring the nutritional status of children in high-risk areas; promotion of increased participation of municipalities, communities and women in the planning and implementation of food production and nutritional surveillance activities; promotion of the "baby-friendly" hospital initiative; nutrition education, including correct weaning practices; and control of micronutrient deficiencies. These interventions will be further complemented by convergence of other UNICEF-supported programme activities in these municipalities. To this end, UNICEF will promote increased intersectoral cooperation at the local level in the delivery of health, water supply and sanitation, education and other services. In addition, UNICEF will collaborate with other agencies such as WFP, the Food and Agriculture Organization of the United Nations (FAO) and PAHO/INCAP in order to avoid duplication of activities in these municipalities.

Education for development

33. The main objective of this programme is to increase the coverage of pre-school and basic education services. These services will be targeted at poverty areas. A strategic element of the programme is the promotion of community participation in the delivery and management of these services, and the development of non-formal and flexible models of basic education services. Implementing partners will include municipal Governments, the Ministry of Education, selected NGOs and the Catholic Church (Office of the Archbishop in San Salvador).

34. Major lines of intervention will include pre-school education, basic (primary) education, adult literacy and childhood disabilities. A fifth component, institutional development/support to national education policies, will be developed at the national level. UNICEF technical and material support will be provided for training of personnel, strengthening of teacher-training programmes, improving monitoring and evaluation systems, and supplies and equipment.

35. More specifically, the programme will aim: (a) to increase pre-school services from 15 to 30 per cent coverage of children four to six years of age, thereby benefiting an estimated 60,000 children by 1996; (b) to provide basic educational services for an additional 40,000 children currently outside of the formal school system by promoting the "active school" model; (c) to strengthen and expand the literacy by radio project in order to reduce illiteracy levels in the prioritized municipalities; and (d) to assist the Ministry of Education in the development of pre-school and basic education projects emphasizing childhood disabilities. In this regard, emphasis will be placed on the link between formal and non-formal education, focusing in particular on the early detection of disabilities.

36. At the national level, the institutional development/support to national education policies project will cooperate with the Ministry of Education to support actions leading to qualitative and quantitative educational improvements, particularly at the pre-school and elementary level. Curricula revision will consider the findings of the UNICEF-supported study, "Roles and stereotypes in school texts", to diminish gender bias against girls and women.

Children in especially difficult circumstances

37. The overall objectives of this programme are to develop flexible and sustainable care models that may be applied on a national scale through gradual extension of coverage, and to increase public awareness of the needs of children in especially difficult circumstances. Implementing partners will include such government institutions as the Ministries of Education, Health and Justice and the civil police, as well as NGOs.

38. Programme interventions will focus on street children, children in armed conflicts, child labour, institutionalized children and implementation of the Convention on the Rights of the Child.

39. Activities involving street children will initially be implemented in the capital city, benefiting between 200 and 300 street children, and will aim to reduce the risks of street children resorting to drug addiction, delinquency, prostitution, etc. These children will be ensured increased access to basic services through alternative models of care, including street educators, open homes, parents' schools and occupational workshops.

40. A project for children in armed conflicts will be developed nationwide in communities of displaced and refugee families, with a beneficiary population of 10,000 children under six years of age. The major objective of this project is the psychological and physical rehabilitation of child victims of armed conflict. UNICEF assistance will be provided for the training of teachers and parents to respond to the special developmental, educational and health needs of children traumatized by war; establishment of community pharmacies; and construction of over 200 playgrounds for displaced and refugee children.

41. A child labour project will target 100,000 urban children working in the informal sector of San Salvador. It will assist them through the provision of professional training, education, PHC services and the promotion of employment opportunities. In addition, the project will support the development of policies and legislation aimed at protecting working children.

42. Finally, an institutionalized children's project, benefiting 7,000 children, will be developed nationwide, covering all children's institutions. The project will promote a more human model of care in these institutions, as well as more open government policies and educational methodologies directed towards institutionalized children. Government institutions, the police force and NGOs will also be familiarized with the Convention on the Rights of the Child to facilitate its implementation.

Basic services in priority areas

43. The success of the Government's "social development strategy" rests not only on peace and economic stabilization, but also on cost-effective basic services that can improve the quality of life of traditionally marginal urban settlements and poor rural communities. This programme, which will be implemented in 78 prioritized municipalities, aims to strengthen government decentralization efforts by enhancing the capacity of municipalities to plan, target and implement social projects and programmes aimed at improving the health and well-being of children and women. The programme will be strengthened by targeted sectoral interventions of other UNICEF-supported programmes.

44. In addition, expanding on initiatives currently under way, the programme will encourage and train community members to be active participants in service delivery at the local level.

45. UNICEF assistance will include: (a) support for the development of a social information/social indicators system that can be managed at the municipal level and will be used to monitor progress towards meeting National Programme of Action goals and to help identify high-risk extreme poverty areas for targeting social projects; (b) strengthening intersectoral coordination and convergence of other UNICEF-supported programme activities to support basic service priorities identified by the municipalities; (c) promotion and development of social projects based on community-identified needs for funding through the Social Investment Fund and other possible resources; (d) training of personnel and strengthening of the Salvadorian Institute for Municipal Development; and (e) community-based training in health and education.

Social mobilization and communication

46. Building on the experience and success generated by the EPI mobilization campaign in El Salvador, this programme cuts across the entire country programme with a social mobilization and communication strategy aimed at facilitating the implementation of other programmes through increased community participation and greater awareness of other partners as to the goals of UNICEF assistance.

47. The programme, which will be national in scope, will work with the media, particularly radio, and NGOs to create increased awareness of the needs of children and to establish alliances for achieving the country programme goals. UNICEF assistance will also be provided for the design, development, implementation, monitoring and evaluation of social communication interventions supporting 12 projects selected from the 1992-1996 country programme of cooperation. These activities will be further complemented by the subregional social mobilization programme.

48. Major lines of intervention will include: (a) support for the establishment of mechanisms to monitor progress in the implementation of the National Programme of Action for children; (b) advocacy and technical support for compensatory programmes aimed at targeting the most vulnerable groups and, in particular, children and women; (c) support for a review of national legislation with a view to improving women's legal status in El Salvador and bringing it in line with the International Convention on the Elimination of All Forms of Discrimination against Women; and (d) technical support for the Parliamentary Commission on Children, Women and the Family to improve legislation on children, and to promote children's issues and projects in parliament.

Water supply and sanitation

49. The overall objective of this programme is to assist the Government of El Salvador to achieve the goal of 80 per cent access to clean water and adequate environmental sanitation by the year 2000. The UNICEF-supported interventions during 1992-1996 will be implemented in 78 prioritized municipalities and aim to reduce the incidence of diarrhoeal diseases; strengthen the water supply and environmental sanitation and protection component of formal and non-formal education programmes; support the National Committee for Environmental Protection, particularly with regard to deforestation prevention activities; and assist with the development and adoption of low-cost, appropriate technologies to improve coverage levels of the population living in extreme poverty.

50. The technological parameters of the programme emphasize simplicity of operation and maintenance, and ease of community administration. With that in mind, the programme envisions construction of 2,500 wells with high-flow, low structural resistance hand-pumps and chlorine-dispersing accessories; 20 roof rainwater collection systems; 40 mini-aqueducts making maximum use of gravity-fed ground water sources; and 25,000 dry compost pit latrines. In addition, 250 community leaders, 500 groups of women and 500 youth groups will receive training in hygiene and environmental education and water systems maintenance. Programme support will include monitoring and evaluation, social mobilization and advocacy, institutional capacity-building with an emphasis on municipal-level capacity and appropriate technology development.

51. Programme strategies and actions will emphasize community participation, particularly of women, in all facets of the planning, development and maintenance of the water supply and sanitation systems, and on a strong health education component. The programme will receive subregional funds and will be implemented in coordination with the Salvadorian Institute for Municipal Development; municipalities, NGOs and the combined efforts of other United Nations agencies, international banks and bilateral institutions.

Monitoring and evaluation

52. UNICEF will monitor the implementation of the proposed programmes through on-site visits and through the establishment of indicators for monitoring the progress of each of the proposed programmes. Given the positive experiences of the sentinel site methodology in monitoring and evaluating health programmes, the inclusion of additional indicators in that methodology is anticipated in order to widen its scope. This, in addition to the social indicators system referred to in paragraph 18 above, will also be used to help monitor the targets of the National Programme of Action signed by the Government of El Salvador in December 1991.

53. During the course of the proposed programme of cooperation, the water supply and sanitation and children in especially difficult circumstances programmes will be evaluated. In addition, communication materials will be validated and tested prior to broad diffusion.

Programme support

54. UNICEF will be challenged in technically assisting, supervising and implementing such wide-ranging work. The El Salvador sub-office, supported by the Guatemala area office, has budgeted programme funds to ensure adequate technical, administrative and logistical support for the implementation of the proposed country programme. This will be achieved through the deployment of project staff in certain sectoral areas and the use of technical consultants on a temporary basis for specific thematic issues. In addition, the increased size of the country programme calls for strengthening the capacity of the UNICEF operations unit (finance and administration) in El Salvador.

Cooperation with other United Nations organizations

55. The country programme will be closely coordinated with other United Nations agencies. Ongoing cooperation with PAHO/WHO, UNDP and the United Nations Educational, Scientific and Cultural Organization (UNESCO) will be strengthened. Efforts will also be made to coordinate activities with NGOs operating in the same areas as UNICEF.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

El Salvador (1990 and earlier years) UNICEF country classification

Under-five mortality rate	87	(1990)	High U5MR
Infant mortality rate	59	(1990)	High IMR
GNP per capita	$ 1100	(1990)	Lower-middle GNP
Total population	5252.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	157	179	177	191
Infant deaths (under 1)	(thousands)	18	15	13	11
Under-five deaths	(thousands)	26	22	16	17
Under-five mortality rate (per 1,000 live births)		165	122	93	87
Infant mortality rate (under 1) (per 1,000 live births)		114	84	71	59

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1988)	Moderate & severe	..	15
	Severe	..	..
Babies with low birth weight (%, 1979/1987)		13	15*
% of primary school children reaching final grade (1980/1987)		..	31

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1977-79/1985)		../ 75 / 53	85*/ 77*/ 55*
Prevalence of wasting (%, 1980/1988)		2	3
Prevalence of stunting (%, 1980/1988)		54	36
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		94	105
Food production per capita index (Index 1979-1981=100, 1980/1990)		102	94
Household expenditure (% of total income, 1980-1985)	All food/cereals		33 / 12

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988-1989)			45
Access to health services	Total	..	56
(% of population, 1980/1985)	Urban/rural	../..	80/ 40
Access to safe water	Total	51	48
(% of population, 1980/1990)	Urban/rural	67/ 40	84/ 19
Access to adequate sanitation	Total	36	60
(% of population, 1980/1985)	Urban/rural	48/ 26	82/ 43
Births attended by trained personnel (%, 1980/1987)		..	50
Maternal mortality rate (per 100,000 live births)		..	..

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	47	50	60
	DPT	42	54	76
	Polio	38a	54a	76
	Measles	44	71	75
Pregnant women (%) immunized against	Tetanus	20	19	12

/...

TABLE 1 (continued)

El Salvador

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	74/ ..	80/ 72
(%, 1980/1988)	Male	74/ ..	79/ 71
	Female	74/ ..	81/ 73
Secondary enrolment ratio (gross/net)	Total	23/ ..	29/ 16
(%, 1980/1988)	Male	24/ ..	27/ 14
	Female	23/ ..	31/ 18
Adult literacy rate, 15 years & older	Total	57	73
(%, 1970/1990)	Male/female	61/ 53	76/ 70
Radio/television sets			
(per 1,000 population, 1980/1988)		342/66	402/84

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	3588.0	4525.0	4768.0	5252.0	6739.0
Population aged 0-15 years	(Thousands)	..		2314.4	2468.6	2950.7
Population aged 0-4 years	(Thousands)	..		788.2	839.7	1050.4
Urban population (% of total)		39	42	43	44	49
Life expectancy at birth	Total	57	57	60	64	69
(years)	Male	55	52	54	61	66
	Female	59	63	65	68	71
Total fertility rate		6.4	5.5	5.0	4.7	4.0
Crude birth rate (per 1,000 population)		44	40	37	36	34
Crude death rate (per 1,000 population)		12	11	10	8	6

		About 1980	Most recent
Contraceptive prevalence rate		34	47
(%, 1978/1985)			
Population annual growth rate	Total	2.7	1.5
(%, 1965-1980/1980-1990)	Urban	3.5	2.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		1.5	-0.6
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		7	17
Population in absolute poverty	Urban/rural	20/ 32	../ ..
(%, 1980/1988)			
Household income share	Top 20%/bottom 40%	47/ 16	../ ..
(%, 1976/1988)			
Government expenditure	Health/education	9/ 20	7/ 17
(% of total expenditure, 1980/1989)	Defence	9	26
Household expenditure	Health/education		8/ 5
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	97	446
(1980/1989)	As % of GNP	3	8
Debt service			
(% of goods & services exports, 1980/1989)		3	13

a/ 2 doses only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991

(In thousands of United States dollars)

COUNTRY: EL SALVADOR
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $2,889,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	344	1150	148	255	17		658	945	1167	2350	3517
Water supply and sanitation	26	498	10	10	15		24	112	75	620	695
Nutrition		44					40	8	40	52	92
Education	41	93	83	24	55	49	360	361	539	527	1066
Community organization and development		81	19	4	10		37	29	66	114	180
Women-centred programme	1	12	49	16			178	48	228	76	304
Children in especially difficult circumstances	29	108	42	85	51	48	51	108	173	349	522
Advocacy	16		71		71		379	3	537	3	540
Emergency	5	62	22	17		7	29	98	56	184	240
Planning and project support					317	246	139	257	456	503	959
Freight	6	58							6	58	64
GRAND TOTAL	468	2106	444	411	536	350	1895	1969	3343 a/	4836	8179

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocation from global funds.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: EL SALVADOR Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	300	300	300	300	300	1500
	FSF	160					160
	USF(R)	714	968	1087	1087	975	4831
Water supply and sanitation a/	USF(R)	594	636	634	572	564	3000
Nutrition	GR	150	150	150	150	150	750
	USF(R)	110	110	110	110	110	550
Education	GR	150	150	150	150	150	750
	FSF	47					47
	USF(R)	861	824	809	770	697	3961
Children in especially difficult circumstances	GR	80	80	80	80	80	400
	USF(R)	327	247	201	170	135	1080
Social mobilization and advocacy	GR	75	75	75	75	75	375
Support to national policies	GR	45	45	45	45	45	225
Programme support	GR	150	150	150	150	150	750
Basic services in priority areas	GR	50	50	50	50	50	250
	NSF	200	200	200	200	200	1000
TOTAL	GR	1000	1000	1000	1000	1000	5000
	FSF	207					207
	USF(R)	2606	2785	2841	2709	2481	13422
	NSF	200	200	200	200	200	1000
GRAND TOTAL		3813	3785	3841	3709	3481	18629

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF(R) = Unfunded supplementary funding subregional.
a/ The Government of Sweden has made a contribution to this programme which will be reflected in the system in late December.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: EL SALVADOR	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET: a/		
International Professional established posts	1	226
Local national Professional and General Service established posts	1	88
Operating costs		a/
Total	2	314
FINANCED FROM PROGRAMME FUNDS: b/		
International Professional project posts		
General resources		
Supplementary funds	2	452
Local national Professional and General Service project posts		
General resources		
Supplementary funds	11	414
Total	13	866

a/ El Salvador does not have a separate budget since it is a part of the Guatemala area office budget.

b/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

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1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Guatemala

The Executive Director recommends that the Executive Board approve the country programme of Guatemala for the period 1992-1996 in the amount of $5,000,000 from general resources, subject to the availability of funds, and $5,300,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The 1980s were characterized as a period of severe economic and political crisis, both of which continue to affect Guatemala today. The election of a civilian Government in 1986 was followed by a reduction of political violence and a partial upturn of the economy. None the less, between 1986 and 1990, the combination of economic adjustment policies and continuing civil strife resulted in an increased percentage of the population living in poverty. Subsidies for basic products were eliminated, electricity and water service tariffs were increased, and government expenditures in social areas were reduced. These policies, together with currency devaluation and interest hikes, produced an inflation rate that, by the end of 1990, had reached an unprecedented level in the history of Guatemala. By the end of the 1980s, the percentage of the population living in poverty had increased to 80 per cent, while the population in extreme poverty had risen to a dramatic 59 per cent.

2. The social costs of political violence during the 1980s were also severe. Armed conflicts, particularly fierce in indigenous regions of the highlands and Verapaz, have resulted in the loss of 100,000 lives, the disintegration of communities, some 500,000 displaced persons, 41,500 refugees, an estimated 200,000 widows and orphans and a significant shifting of government resources towards military expenditures. Civil conflict and economic adjustment policies have deepened the existing gap between rich and poor in Guatemala. The new Government, elected in 1990, faces the challenge of social reconciliation and improved economic development.

3. Guatemala is a predominantly rural society, with 61 per cent of the population living in 19,000 dispersed rural communities. Of an estimated population of 9.2 million, 48 per cent are officially considered indigenous, divided into 23 different ethnic groups, each speaking its own language. The concentration of wealth is reflected in land ownership patterns, with 2.2 per cent of the population owning an overwhelming 65 per cent of total arable lands. Some 44 per cent of the national income is concentrated in 10 per cent of the population. The Petén region and the north, north-west and south-western regions are the poorest in the country. They are also the areas with the greatest rural indigenous population.

4. The majority of Guatemala's population is young. Some 46 per cent are children under 15 years of age, while 18 per cent are under the age of 5 years. In 1990, the infant mortality rate (IMR) was estimated at 54 per 1,000 live births, and the under-five mortality rate (U5MR) at 94 per 1,000 live births. These indicators are even more dramatic among indigenous children, whose IMR is 16 per cent higher than that of non-indigenous children. Major causes of under-five mortality are diarrhoea (30 per cent), acute respiratory infections (ARI) (23 per cent) and perinatal complications (20 per cent).

5. In 1990, 76 per cent of children under five years of age suffered some degree of malnutrition; 33.5 per cent of these children registered weight deficiencies and 57.8 per cent registered height deficiencies. In total, about 25 per cent of these children were suffering from severe malnutrition. Indigenous children account for 71 per cent of this at-risk group.

6. Females, 23 per cent of whom are of child-bearing age, represent 49.5 per cent of the total population. Estimated maternal mortality in 1989 was 200 per 100,000 live births. Only 23 per cent of births correspond to institutional deliveries; 33 per cent are attended by trained traditional birth attendants (TBAs) and 44 per cent by untrained TBAs. An estimated 50 per cent of all pregnant women suffer from malnutrition, resulting in low-birth-weight babies.

7. Some 55 per cent of the total population of Guatemala is illiterate. This figure increases to 72 per cent in rural areas and 85 per cent for indigenous women in the highlands. National primary school coverage is estimated at 60 per cent; however, coverage drops to 38 per cent in some rural areas in the south-western and north-western regions. Coverage in marginal urban marginal areas of Guatemala City is also well below the national average. Formal pre-school services for children five to six years of age cover only 27 per cent of this population group, and only 2.1 per cent of all disabled children receive special care or physical therapy.

8. While 91 per cent of the population in urban areas have access to safe water and 72 per cent to adequate sanitation, in rural areas, these figures drop to 41 and 52 per cent, respectively. In marginal urban areas, access to clean water and adequate sanitation is also well below the national average.

9. More than 700,000 of the 2 million inhabitants of Guatemala City live in 176 marginal settlements, which are high physical-risk areas lacking basic services. Given the present rate of growth, by 1996, the marginal urban population is expected to increase to a staggering 1 million.

10. With regard to the situation of children in especially difficult circumstances, economic and political factors have forced 5,000 children to the streets to seek means of survival, and nearly 1,160,000 youths under 18 years of age have entered the formal and non-formal labour force, often suffering exploitation. Additionally, the civil conflict has left more than 200,000 orphans and 500,000 displaced persons who suffer from psychological traumas, malnutrition and lack of basic services.

11. The exploitation and discrimination that Guatemalan women have traditionally faced has also increased with the socio-economic crisis. Owing to the reduction of real family income, increasing responsibilities as heads of household and scarce possibilities of entering the formal sector of the economy, most poor women have had to extend their already long workday up to 18 hours for meagre salaries and no social benefits. All of these factors, in turn, affect the physical and psychological states of these women.

12. In summary, the major problems affecting children and women are: (a) high IMR caused mainly by diarrhoeal diseases, ARI, perinatal conditions and acute malnutrition; (b) high maternal mortality rates (MMRs) owing to the lack of adequate perinatal care; (c) alarming illiteracy rates, especially among indigenous women, low primary school coverage and deficient pre-school attention; (d) insufficient water supply and sanitation services in rural and marginal urban areas; (e) the existence of orphans, displaced persons and street children with psychological traumas and malnutrition; and (f) increased numbers of women in the informal sector of economy, with no social security, long work hours, low wages and limited participation in the formal sector.

PROGRAMME COOPERATION, 1988-1991

13. The basic objective of the UNICEF 1988-1991 programme of cooperation was to accelerate the reduction of infant, child and maternal mortality rates nationally, with particular emphasis in the north and south-west regions and urban marginal areas. The strategy pursued to achieve this goal was to provide integrated basic services in targeted areas and to strengthen national capacity for the delivery of services in the fields of health, nutrition, water supply and sanitation and basic education. Strategic emphasis was placed on social mobilization, community participation and advocacy for child survival and development with government and non-governmental implementing agents and policy makers.

14. During this programme period, UNICEF cooperation contributed to an increase in full immunization coverage from 9 per cent in 1985 to 64 per cent in 1990. In addition, a 1989 joint UNICEF/Institute of Nutrition of Central America and Panama (INCAP)/Centro Latinoamericano de Demografía (Latin American Demographic Centre) study indicated a greater than 5 per cent annual reduction in infant mortality owing to diarrhoeal diseases, and a 6 per cent annual decrease in infant mortality owing to ARI. Studies done by INCAP in 1989 and 1990 also revealed that vitamin A deficiency in under-five-year-olds decreased from 26 per cent in 1984 to 9.2 per cent in 1989. Water supply and sanitation coverage increased, with UNICEF interventions directly benefiting some 215,000 people in rural and marginal urban communities.

15. Achievements resulting from advocacy and policy support included: (a) the adoption and ratification of the Convention on the Rights of the Child and the preparation and signing of a national programme of action as follow-up to the Declaration and Plan of Action adopted by the World Summit for Children; (b) increased collaboration with the private sector in child-related programmes; (c) increased mass media collaboration and support during the last two years, resulting in greater public awareness of the social problems affecting children and women; (d) the development and dissemination of health-education messages in Spanish, as well as radio broadcasts in at least four indigenous languages, in cooperation with Radio Netherlands; (e) increased institutional and national capacity for planning and implementing special projects benefiting vulnerable groups in marginal urban

areas; (f) development of a policy for the promotion of women and girls and revision of legislation to eliminate discriminatory practices; and (g) institutionalization of a breast-feeding policy within the Ministry of Health and political support for an inter-institutional plan to ensure the necessary steps towards a successful breast-feeding campaign, including a successful start of the "baby-friendly" hospital initiative.

16. Also worth noting are the development of training modules for TBAs and the implementation of women in development and urban basic services projects. These projects have served as models for replication in new areas of the country and have been adopted by other national and international organizations such as the International Fund for Agricultural Development and the United States Agency for International Development (USAID).

17. In the field of water supply and sanitation, emphasis was placed on the introduction of low-cost and appropriate technologies, including gravity systems, hand-operated pumps and filters. These have been demonstrated as effective options and have been applied by other agencies of the United Nations system. Appropriate technologies for alleviating women's household chores were also introduced through the women in development project, where corn-grinding mills and fuel-saving stoves reduced the time employed in domestic chores by an average of two hours a day. This savings in time is also a savings of 700 calories of energy consumption for women.

18. During this period of cooperation, increased efforts were also made to strengthen inter-agency coordination. Health interventions, particularly immunization activities, were coordinated with the Pan American Health Organization (PAHO), USAID and Rotary International. A cooperation agreement between UNICEF, the United Nations Development Programme (UNDP) and the World Bank in the field of water supply and sanitation was also signed and will facilitate coordination of the development of appropriate technologies, replication of successful methodologies and expansion of coverage. UNICEF also cooperated with the United Nations Development Fund for Women (UNIFEM), UNDP, PAHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Facultad Latinoamericana de Ciencias Sociales in the areas of policy development for women and the girl child, legislation review, a gender revision of school texts and primary education curriculum review for the incorporation of health education components.

19. Major constraints encountered in the implementation of UNICEF-assisted interventions included: the almost non-existence of national policies aimed at meeting the needs of the poorest and most vulnerable groups (in particular, women and children) in urban and rural areas; limited government budget for social programmes; and political violence, which hindered community organization and participation.

20. Despite those limitations, UNICEF-assisted programmes were successful in generating the necessary solidarity in some social sectors to mobilize around concrete interventions aimed at improving the living conditions of children and women in Guatemala. Selected community groups in both urban and rural areas contributed their time, work and materials towards the construction of water systems infrastructures, community houses, health centres, popular stores and pharmacies. UNICEF-assisted programmes also helped to generate private sector support for the control of diarrhoeal diseases (CDD), including cholera prevention and treatment, and the mobilization efforts of the Ministry of Health for vaccination and oral rehydration campaigns.

Lessons learned

21. Major lessons learned from programme reviews and evaluations of the urban basic services and water supply and sanitation programmes indicate the need for: (a) strengthening national institutional and programme capacity for increased intersectoral coordination; (b) more systematic promotion and documentation of successful project methodologies to assist with the replication and expansion of these experiences; (c) strengthening monitoring and evaluation systems to help support policy and advocacy-related activities; (d) national capacity-building for improved delivery of social services; (e) promotion of cost-recovery policies to ensure longer-term sustainability, especially for community-based projects; and (f) further training of counterparts in sentinel site methodology, with a focus that goes beyond the health sector.

22. The proposed programme of cooperation has been developed taking into consideration the situation of children and women in Guatemala, the review of past cooperation, the Convention on the Rights of the Child and the national programme of action, which was prepared by a multisectoral commission coordinated by the National Secretariat for Economic Planning and signed by the President of Guatemala at the Summit of Central American Heads of State in Honduras in December 1991.

23. Within this legal and political framework, the programme aims to support the national goals for infant, child and maternal mortality reduction and to protect and improve the well-being of children, women and their environment.

24. More specifically, the UNICEF programme of cooperation will focus on: (a) reducing infant, child and maternal deaths caused by ARI, diarrhoeal diseases and perinatal complications; (b) reversing the increasing trend of acute and moderate malnutrition in children under five years of age; (c) including child development as part of the curriculum of both primary education and literacy programmes; (d) protecting children in especially difficult circumstances, in particular, street children and children affected by armed conflict; (e) enhancing women's participation in development; (f) strengthening institutional capacity for planning, targeting and implementing social programmes benefiting poor children and women; and (g) developing and strengthening monitoring systems at national and local levels in order to monitor progress and implementation of the national programme of action.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $5,000,000
Supplementary funding: $5,300,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 500	-	1 500
Nutrition	400	-	400
Basic education	500	-	500
Water supply and sanitation	-	1 000	1 000
Women in development	250	1 800	2 050
Children in especially difficult circumstances	200	1 000	1 200
Urban basic services	625	1 500	2 125
Advocacy and policy support	375	-	375
Programme support	1 150	-	1 150
Total	5 000	5 300	10 300

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

25. Building on the achievements and lessons learned during the past period of cooperation, the programme consists of national-level interventions, with a concentration of activities in the rural north-western, south-western and the Verapaz regions, where social disparities are greatest when compared with national indicators. These regions also have the highest indigenous population density and have been severely afflicted by political violence. Additionally, an integrated urban basic services programme will be implemented in selected marginal urban areas of Guatemala City.

26. These country-specific interventions will be further complemented and strengthened by previously Executive Board-approved and partially funded subregional initiatives for integrated primary health care (PHC), education for development, water supply and sanitation and children in especially difficult circumstances.

27. Strategic elements of the programme will include: (a) the coordination of activities between programmes to ensure complementarity of multisectoral interventions and convergence in selected areas; (b) national-level social policy development support; (c) local and national institutional capacity-building; (d) administrative decentralization; (e) advocacy and social mobilization; (f) inter-agency coordination, especially with other United Nations agencies such as PAHO/World Health Organization (WHO), UNESCO, UNIFEM and the World Food Programme (WFP), as well as other bilateral and financial organizations such as the Inter-American Development Bank and the World Bank; and (g) collaboration to the extent possible with the private sector and non-governmental organizations (NGOs).

Health

28. This programme builds on the experience and achievements of the subregional child survival programme financed by the European Economic Community (EEC) and the Government of Italy during the previous period of cooperation. During this new period, the programme aims to support the attainment of national maternal and child health-related goals, including the reduction of IMR to 40 per 1,000 live births and U5MR to 78 per 1,000 live births by 1996. UNICEF-supported interventions will focus on expanding and sustaining immunization coverage; CDD and control of ARI; improving maternal health and perinatal care; improving health information systems; and promoting the mobilization of additional resources for PHC interventions.

29. More specifically, the programme aims to achieve the following objectives: (a) to increase expanded programme on immunization coverage for children under one year of age to 80 per cent, thereby contributing towards a reduction of deaths due to measles by 80 per cent, and increase tetanus immunization to ensure that at least 75 per cent of all pregnant women have been immunized; (b) to reduce infant and child deaths due to diarrhoeal diseases by 50 per cent; (c) to reduce deaths due to ARI by 40 per cent; (d) to help to reduce perinatal deaths by 20 per cent and estimated MMRs by 30 per cent; (e) to increase access of poor women to health services and increase their knowledge about child development and family spacing; and (f) to strengthen local-level health information systems, which can be used for monitoring programme impact and targeting interventions.

30. UNICEF-supported activities will include strengthening local-level health systems; training of health personnel, including rural health promoters, in oral rehydration therapy and control of ARI, and promotion of breast-feeding and other basic health practices; establishment of oral rehydration units; training of TBAs; and provision of basic medical supplies and equipment and technical assistance.

31. The programme will be implemented in coordination with the Ministry of Health and selected NGOs and will seek to promote as much community participation as possible. Emphasis will be placed on coordinating activities with those of other UNICEF-supported programmes in the fields of nutrition and water supply and sanitation. As indicated earlier, whereas some normative interventions will be national in scope, UNICEF will target its assistance to the poorest regions of the country.

Nutrition

32. The overall objective of this programme is to improve the nutritional status of children and women in high-risk areas. Programme interventions will focus on reducing micronutrient deficiencies (vitamin A, iodine and iron), the promotion of exclusive breast-feeding for at least four months after birth and improved weaning practices, nutrition education, nutrition surveillance and improved family food security.

33. Iodine deficiency disorders will be tackled through support for salt iodization programmes and the provision of iodized oil for high-risk groups in identified areas. Iron tablets will be distributed to pregnant women as part of prenatal control activities. Support will also be provided for monitoring compliance with legislation on the addition of vitamin A to sugar. The distribution of vitamin A for children already identified as having severe vitamin A deficiency in selected rural departments will also be supported.

34. UNICEF support will include technical assistance, provision of supplies and equipment, training of personnel, advocacy and nutrition education. Programme activities will be implemented through the Ministries of Health, Education, Agriculture and Development, the Comisión Nacional de la Lactancia Maternal and NGOs.

Basic education

35. The programme will support the attainment of the educational goals contained in Guatemala's national programme of action. UNICEF-supported education projects under this programme will be geared to extending integrated services for pre-school and disabled children, increasing access to primary schools in areas where attendance levels are low and reducing illiteracy levels, particularly those of indigenous women. Special support will be provided for demonstrative educational projects for rural indigenous populations. Projects will emphasize: (a) pupils participation and consent; (b) respect for ethnic and social factors; and (c) adaptation of curricula to the identified needs of beneficiary population.

36. The target population includes 100,000 pre-school children, 50,000 disabled children, 150,000 primary school children, and 150,000 illiterate persons. Technical and financial support will be provided for non-formal, community-based pre-school programmes, bilingual and

bicultural primary school curricula, and community-based literacy and adult education in rural areas with indigenous populations. Activities will include revision of curricula; development of educational materials; training of teachers, parents and literacy volunteers; provision of basic supplies; and logistical support. Special attention will be given to the incorporation of Facts for Life-type messages in literacy and post-literacy curricula. These local-level activities will be used as a basis for advocacy for increased attention to the educational needs of rural populations, and will be further complemented by national policy support interventions at the central level.

37. Implementing partners will include the regional offices of the Ministry of Education and the National Literacy Committee. Other non-governmental partners will include the Guatemalan Institute of Radio Schools, the Society for the Integral Development of the Guatemalan Family, local organizations of indigenous populations and organizations of parents with disabled children.

Water supply and sanitation

38. The overall objectives of this programme are: (a) to contribute towards the improvement of the health and well-being of identified population groups currently lacking access to adequate clean water supply and sanitation facilities in rural and marginal urban areas; (b) to strengthen community participation in the planning, implementation, maintenance and financing of water supply and sanitation services; (c) to strengthen national capacity for increasing water supply and sanitation coverage through the use of low-cost appropriate technologies; and (d) to ease the burden of women and children in providing household water requirements.

39. UNICEF support will be provided for the construction of 505 water systems, the installation of 1,500 hand-pumps and the construction of 40,000 sanitary latrines, all of which will benefit some 200,000 persons. Major programme lines of intervention include the provision of clean water, sanitation, environmental hygiene and health education, and institutional and programme support. Thirteen programmed activities will be strengthened by means of an information system that will allow for monitoring of the implementation process and impact evaluation.

Women in development

40. The programme includes both national and regional interventions. At the regional level, activities will be concentrated in four departments affected by armed conflict and will benefit 40,000 women, many of whom are widows and heads-of-household, and their families. Building upon lessons learned during the previous period of cooperation, the programme aims: (a) to alleviate the domestic workload of women; (b) to increase the income-generating capacity of women; and (c) to strengthen the participation of women in community decision-making. UNICEF support will be provided for the transfer of appropriate technologies that will reduce the time and energy required for

chores such as grinding corn, seeking cooking fuel and fetching water; vocational training and provision of credit and technical assistance for the establishment of small enterprises; and strengthening women's organizations and leadership skills.

41. National-level interventions will include continued support for a gender review of national social policies, including other UNICEF-supported programmes in Guatemala; the approval and adoption of new legislation to eliminate discriminatory practices against women; the establishment of a national database system to obtain timely information about the impact of economic and social policies on the living conditions of women; and national-level advocacy and mobilization for the improved status and quality of life of Guatemalan women.

Children in especially difficult circumstances

42. The general objectives of this programme are: (a) to promote increased support for the protection and development of children in especially difficult circumstances through the sensitization and mobilization of public and private sectors; and (b) to increase national capacity for implementing alternative models of care for these children.

43. Activities will include the development of low-cost replicable models of care; support for the establishment of community-based committees to deal with issues facing these children; and advocacy for the implementation of the Convention on the Rights of the Child and the development of policies and programmes to address the special needs of children in especially difficult circumstances.

44. Strategic considerations will include measures aimed at better use of existing resources; greater attention to the girl child; increased participation of children, their families and communities in the development of programmes aimed at improving their situation and increasing their access to services; and increased advocacy and sensitization activities, targeting the general public, child-welfare institutions and the police force, in order to increase awareness of the situation and needs of children in especially difficult circumstances in Guatemala.

45. Programme interventions will be centred around the different categories of children in especially difficult circumstances, including street children, children at risk of becoming street children, child victims of armed conflict, working children and institutionalized children.

46. The direct beneficiary population will consist of 55,000 child victims of armed conflicts; 15,000 children at risk of becoming full-fledged street children in urban marginal areas; 4,000 street children; and 2,000 institutionalized children, with emphasis being placed on the humanization of these institutions. UNICEF support will be provided for: (a) the training of

street educators and personnel from institutions dealing with these children; (b) advocacy efforts related to the situation of children in especially difficult circumstances and the Convention on the Rights of the Child; (c) exchange of experiences with other successful programmes in the subregion; (d) income-generating activities; (e) psychological support and literacy and recreation activities; and (f) technical assistance.

Urban basic services

47. This programme began as a pilot project in the Mezquital neighbourhood of Guatemala City in 1986. Between 1988 and 1991, integrated basic services activities were expanded to 45 marginal urban areas. The overall objectives of the programme for the proposed new period of cooperation are: (a) to consolidate activities initiated during the previous period of cooperation; (b) to expand coverage from 45 to 60 marginal urban areas of Guatemala City; and (c) to achieve recognition of this model as a viable alternative for improving the quality of life of Guatemala's rapidly growing marginal urban population.

48. UNICEF will continue to support community-based, low-cost models for the provision of clean water and sanitation services, improved housing, day-care centres, and other services, including popular pharmacies, community food stores and communal vegetable plots. In addition, support will be provided for income-generating activities, the training of health and other personnel, reforestation of neighbourhoods, literacy programmes for women, community organization and mobilization and local-level institution-building.

49. Increased access to basic services for the marginal urban population will be promoted through coordination with other UNICEF-supported sectoral programmes in the fields of health, education, water supply and sanitation, women in development and children in especially difficult circumstances.

50. At the central level, the programme will be organized and developed with the Inter-Institutional Commission for Integrated Care of Areas in Risk. At the local level, implementation and planning will involve local institutions and community committees, in coordination with NGOs and other United Nations agencies operating in these areas. Approximately 210,000 people will benefit from the programme, over 68 per cent of whom are women and children.

51. Programme monitoring will be carried out through the community information system developed during the previous period of cooperation. This system, which will be further strengthened, is similar to the sentinel site system, but monitors families identified as "at risk" by health volunteers. In addition, quarterly progress reviews will be carried out with community participation, and annual reviews will be held with participating partners to prepare the next year's plan of action. An external evaluation will be held and to make necessary adjustments for a more effective delivery of integrated basic services.

Advocacy and policy support

52. This programme cuts across the entire country programme and aims ultimately to mobilize more local, national and multilateral resources for programmes benefiting children and women in Guatemala. Through this programme, technical assistance and advocacy support will be provided for the implementation and monitoring of achievement of the goals of Guatemala's national programme of action, and the development of social policies benefiting, in particular, women and children. Advocacy activities will focus on increasing public and institutional awareness of the Convention on the Rights of the Child and the national programme of action. Various sectors of society will also be mobilized in the implementation and attainment of Convention and national programme goals.

53. Activities will include: (a) assistance for the revision and amendment of legislation to conform with the Convention; (b) development of promotional and educational information about the Convention for children and policy makers; (c) training of personnel from NGOs and other agencies working with children; (d) technical support to national statistics institutions and governmental decision makers with a view to strengthening information systems for monitoring the implementation of the national programme of action; (e) strengthening administrative decentralization and building local-level capacity for planning, implementing and monitoring poverty alleviation programmes; and (f) expanding and strengthening local-level sentinel site methodologies for monitoring the progress of sectoral programmes towards achieving the goals of the national programme of action.

Programme support

54. Programmes for the various sectors of assistance will be implemented in coordination with public institutions, such as the ministries, and by decentralized institutions at the municipal or departmental level, NGOs and private entities. In addition, UNICEF will build on and improve coordination established during the previous period of cooperation with other multilateral and bilateral agencies working in the same fields, and United Nations agencies such as UNDP, PAHO/WHO, UNIFEM and UNESCO. The Guatemala office has budgeted programme funds to ensure adequate technical, administrative and logistical support for programme management and implementation. This will be achieved through the deployment of project staff in certain sectoral areas and the use of technical consultants on a temporary basis for specific thematic issues.

55. Special attention will be paid to monitoring and evaluation activities, with major emphasis placed on building national and local capacity for developing information systems to monitor progress made in compliance with the Convention on the Rights of the Child and the national programme of action goals at local, regional and national levels. In order to avoid creating new structures, technical assistance and support will be provided for

strengthening existing social indicator systems of the National Statistics Institute and the General Secretariat of Economic Planning. Sentinel site methodology will also be strengthened and expanded to monitor the impact of UNICEF programmes locally. Yearly reviews and mid-term evaluations of all UNICEF-supported programmes will be undertaken with the participation of involved counterpart organizations.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Guatemala (1990 and earlier years) UNICEF country classification

Under-five mortality rate	94	(1990)	High U5MR
Infant mortality rate	54	(1990)	High IMR
GNP per capita	$ 900	(1990)	Lower-middle GNP
Total population	9198.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	237	296	327	367
Infant deaths (under 1)	(thousands)	24	23	21	20
Under-five deaths	(thousands)	42	39	36	34
Under-five mortality rate (per 1,000 live births)		175	130	111	96
Infant mortality rate (under 1) (per 1,000 live births)		102	76	65	54

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	34g
	Severe	..	8g
Babies with low birth weight (%, 1979/1985)		10	14*
% of primary school children reaching final grade (1980/1988)		..	36

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1978/1985)		../ 84/ 74	95/ 79/ 60
Prevalence of wasting (%, 1980/1987)		..	3
Prevalence of stunting (%, 1980/1987)		..	68g
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		100	107
Food production per capita index (Index 1979-1981=100, 1980/1990)		98	95
Household expenditure (% of total income, 1980-1985)	All food/cereals		36/ 10

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)			24
Access to health services (% of population, 1980/1985)	Total	..	34
	Urban/rural	../..	47 / 25
Access to safe water (% of population, 1980/1988)	Total	45	61
	Urban/rural	89/ 18	91 / 43
Access to adequate sanitation (% of population, 1980/1990)	Total	30	59*
	Urban/rural	45/ 20	72*/ 52*
Births attended by trained personnel (%, 1980/1987)		..	34
Maternal mortality rate (per 100,000 live births, 1979/1989)		..	200*

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	29	30	62
	DPT	42	21	66
	Polio	42	21	74
	Measles	8	23	68
Pregnant women (%) immunized against	Tetanus	1	2	48

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TABLE 1 (continued)

Guatemala

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	71/ 58	77/ ..
(%, 1980/1987)	Male	77/ ..	../ ..
	Female	66/ ..	../ ..
Secondary enrolment ratio (gross/net)	Total	17/ 13	21/ ..
(%, 1980/1987)	Male	18/ ..	../ ..
	Female	15/ ..	../ ..
Adult literacy rate, 15 years & older	Total	44	55
(%, 1970/1990)	Male/female	51/ 37	63/ 47
Radio/television sets			
(per 1,000 population, 1980/1988)		45/ 25	63/ 37

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	5246.0	6917.0	7963.0	9198.0	12222.0
Population aged 0-15 years	(Thousands)	..	3331.8	3836.7	4391.7	5531.6
Population aged 0-4 years	(Thousands)	..	1270.6	1433.5	1607.9	1961.3
Urban population (% of total)		36	37	38	39	44
Life expectancy at birth	Total	52	58	60	63	68
(years)	Male	51	56	58	61	66
	Female	53	60	63	66	71
Total fertility rate		6.5	6.3	5.9	5.6	4.7
Crude birth rate (per 1,000 population)		45	44	42	40	35
Crude death rate (per 1,000 population)		15	11	10	8	6

		About 1980	Most recent
Contraceptive prevalence rate		18	23
(%, 1978/1987)			
Population annual growth rate	Total	2.8	2.8
(%, 1965-1980/1980-1990)	Urban	3.6	3.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		3.0	-2.1
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		7	13
Population in absolute poverty	Urban/rural	../..	../ ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	55/ 14	../ ..
(%, 1979-1981)			
Government expenditure	Health/education	../ ..	8*/ 13*
(% of total expenditure, 1980/1987)	Defence	..	19*
Household expenditure	Health/education		13/ 4
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	73	256
(1988/1989)	As % of GNP	1	3
Debt service			
(% of goods & services exports, 1980/1989)		3	16

a/ Aged 3-36 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991

(Thousands of United States dollars)

COUNTRY: GUATEMALA
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $4,097,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	363	3016		705	65	100	778	1122	1206	4943	6149
Water supply and sanitation	281	863	2	25			66	285	349	1173	1522
Nutrition	146		42				287		475		475
Education	59						439	11	498	11	509
Community organization and development	22	606	5	53		20	389	837	416	1516	1932
Women-centred programme		39	31	3			28	408	59	450	509
Children in especially difficult circumstances		264		106			51	357	51	727	778
Advocacy	5	6	20	2			351	20	376	28	404
Emergency	27						8		35		35
Planning and project support	68	92	14	23	162	411	429	655	673	1181	1854
Freight	35	141							35	141	176
GRAND TOTAL	1006	5027	116	917	227	531	2826	3695	4173 a/	10170	14343

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocations from global funds.

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TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: GUATEMALA Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	300	300	300	300	300	1500
	FSF	768					768
	USF(R)	1000	1000	1000	1000	1000	5000
Nutrition	GR	80	80	80	80	80	400
	USF(R)	425	425	425	425	425	2125
Water supply and sanitation	FSF	761	519	558	584	268	2690
	USF(R)	239	481	442	416	732	2310
	NSF	200	200	200	200	200	1000
Education	GR	100	100	100	100	100	500
	FSF	39					39
	USF(R)	274	730	1039	871	618	3532
Women-centered programme	GR	50	50	50	50	50	250
	FSF	36					36
	NSF	375	375	350	350	350	1800
Children in especially difficult circumstances	GR	40	40	40	40	40	200
	USF(R)	111	118	164	277	260	930
	NSF	200	200	200	200	200	1000
Urban basic services	GR	125	125	125	125	125	625
	NSF	300	300	300	300	300	1500
Advocacy and policy support a/	GR	75	75	75	75	75	375
Programme support	GR	230	230	230	230	230	1150
TOTAL	GR	1000 a/	1000	1000	1000	1000	5000
	FSF	1604	519	558	584	268	3533
	USF(R)	2049	2754	3070	2989	3035	13897
	NSF	1075	1075	1050	1050	1050	5300
GRAND TOTAL		5728	5348	5678	5623	5353	27730

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF(R) = Unfunded supplementary funding subregional.
a/ In addition, $300,000 was allocated prior to 1992 from Special Adjustment Facility for Latin America and the Caribbean.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: GUATEMALA	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET: a/		
International Professional established posts	2	516
Local national Professional and General Service established posts	13	843
Operating costs		1927
Total	15	3286
FINANCED FROM PROGRAMME FUNDS: b/		
International Professional project posts		
General resources	1	252
Supplementary funds	12	2600
Local national Professional and General Service project posts		
General resources	4	166
Supplementary funds	27	994
Total	44	4012

a/ Guatemala administration budget also includes budgets of El Salvador and Honduras.

b/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.